MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09753

Reg. Dist. No. 167

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland; LENGTH OF STAY (in this place) 45 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland,; STREET ADDRESS (If rural, give location) 6 Mi. S W Oakland, Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Daniel	Wesley	Dodge	Oct.	31,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8/2/1860	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	West Virginia	U. S. A.

13. FATHER'S NAME: William Dodge

14. MOTHER'S MAIDEN NAME: Rachel Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Artie E. Dodge - Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pyelonephritis	2 months
Antecedent cause(s)	(b) Chronic cystitis with back pressure to kidneys	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Benign prostatic hypertrophy, obstruction, catheterization	10 years
610 137a		

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1935, to 10/31, 1949, that I last saw the deceased alive on October 15 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold C. Miller	M.D.	Eglon W Va.	11/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/2/49	Gortner Cemetery	near Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/49	Elmer C. Shaffer	Herbert C. Leighton	Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09754

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Grant (Last) Fresh

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-30-1868

9. AGE last birthday: 81-6-8 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rural Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Fresh

14. MOTHER'S MAIDEN NAME: Leah Beachley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles Flanningan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 2 yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Oct 8, 1949, that I last saw the deceased alive on Oct 5, 1949 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. R. Davis M.D Grantsville Md Oct 9 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 10-10-1949

NAME OF CEMETERY OR CREMATORY: Bethseda

LOCATION (City, town, or county) (State): Rural Grantsville Md

DATE REC'D BY LOCAL REG. Oct. 9-1949

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville Md

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09755

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R,d, Accident | LENGTH OF STAY in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Carl	Fredrick	Harmon		IO	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	Married	9-26-1876	73-I-3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Faemer	R.D. Accident Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Harman	Louise Margold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Roy Harman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	3 years
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	3 years
	(c) Arteriosclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April, 1946, to Oct 28, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 2.15 A Oct 29, 1949 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton Tepper	M.D.	Friendsville, Md.	Oct 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	IO-3I-1949	Cove Cemetary	R.D. Accident	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct-31-1949	Ethel Broadwater	Allen Altenburg	Grantsville Md

VS. A15

RECEIVED
OCT 1 1949
BUREAU T. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09756

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural give location) Rosedell

3. NAME OF DECEASED (Type or Print): (First) Mable (Middle) (Last) Kerins

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4/13/1947

9. AGE last birthday: 2- yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Kerins

14. MOTHER'S MAIDEN NAME: Betty Elizabeth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Luther Kerins. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

343 Immediate cause (a) MALNUTRITION — 3 mos.

82 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ENCEPHALITIS — 18 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED SPASTIC PARALYSIS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17th, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 17th, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Feaster, Jr., M.D. — ADDRESS Oakland, Md — DATE SIGNED 10-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10/24/1949 | NAME OF CEMETERY OR CREMATORY Mayle Cemetery | LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 10-24-1949 | REGISTRAR'S SIGNATURE Julia A. Rawson | 24. FUNERAL DIRECTOR Emroy D. Bolden | ADDRESS Oakland, Md.

VS. A15

RECEIVED
NOV 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09757

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garrett, Loch Lynn, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Herbert (Last) King, Sr.

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/28/1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired Miner

11. BIRTHPLACE (State or foreign country): Deer Park, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arch King,

14. MOTHER'S MAIDEN NAME: Frances Biggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-03-2236

17. INFORMANT: Arthur King, Kempton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 3 hrs

420 / 94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. L. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED Oct. 12-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 10/15/1949 | NAME OF CEMETERY OR CREMATORY Bayard Cemetery | LOCATION (City, town, or county) (State) Bayard,

DATE REC'D BY LOCAL REG. 10-15-1949 | REGISTRAR'S SIGNATURE Jules A. Power | 24. FUNERAL DIRECTOR Kinroy D. Bolden ADDRESS Oakland, Md.

VS. A15A

RECEIVED
OCT 18 1949
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09758

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Evalena (Middle) Johnson (Last) Long

4. DATE OF DEATH: (Month) October (Day) 30, (Year) 1949.19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 27, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 2, Days 2, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mapletown, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Catharine Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Sadie E. Nine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	1 Day.
4220 Antecedent cause(s) 793 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular Accident	4 mnth.
	(c) Sclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1949, to 30th, 1949, that I last saw the deceased alive on Oct 29, 1949, and that death occurred at 6.45 P. m., from the causes and on the date stated above.

SIGNATURE James A Forster Jr. (Degree or title) M. D. ADDRESS Oakland, Maryland. DATE SIGNED Nov. 1, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal and Burial; DATE THEREOF Nov. 2, 1949; NAME OF CEMETERY OR CREMATORY Wolfe Cemetery; LOCATION (City, town, or county) Dillener, Pa. (State)

DATE REC'D BY LOCAL REG. Nov. 1st 1949; REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR R. L. Watson; ADDRESS Terra Alta, W.Va.

VS. A15

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09759

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY OR TOWN Kitzmiller; LENGTH OF STAY 6 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Willow St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN Kitzmiller; STREET ADDRESS Willow St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): Harry (First) Richard (Middle) Paugh (Last)

4. DATE OF DEATH: Oct. 12, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1896

9. AGE last birthday: 53 yrs.

If under 1 year: Months; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Invalid

11. BIRTHPLACE (State or foreign country): Barnum, Garrett Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Albert Paugh

14. MOTHER'S MAIDEN NAME: Eliza Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Eliza Paugh, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Bronchio-Pneumonia — 2 days

480 33a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Influenza — 1 week

(c) Infantile Mitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1949, to Oct. 12, 1949, that I last saw the deceased alive on Oct. 12, 1949, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandella (Degree or title) M.D. ADDRESS: Kitzmiller, Md. DATE SIGNED: Oct. 13 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/14/49; NAME OF CEMETERY OR CREMATORY: Bethel Cemetery; LOCATION (City, town, or county) (State): Barnum, Garrett Co., Md

DATE REC'D BY LOCAL REG.: 10/14/49; REGISTRAR'S SIGNATURE: A. W. Barnick

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09760

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Friendsville
LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ---

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Friendsville
STREET ADDRESS (If rural, give location): 3 Mi. West Friendsville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie	Mae	Schroyer	October 17, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	White	Widowed	4/10/1875	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ison Ringer	Lavina Frantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	----	Earl Schroyer Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	8days
Antecedent cause(s)	(b) Arteriosclerosis and Rheumatic heart	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Bronchal asthma; arthritis; hypertension	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	----	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no	----		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		--

22. I hereby certify that I attended the deceased from Sept 26, 1949, to Oct. 17, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. J. Glover M.D.		Friendsville, Md.	Oct. 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/49	Blooming Rose Cemetery	near Friendsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 21, 1949	Mrs. Kathryn Fike.	Herbert C. Leighton	Oakland, Md.

RECEIVED
OCT 22 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09761

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mill Run | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Confluence, R.D. 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ross H. (Middle) Sterner. (Last)

4. DATE OF DEATH: (Month) Oct (Day) 24-1949 (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 13-1915

9. AGE last birthday: 34 yrs. | If under 1 year: Months 8 | Days 11 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Coal miner

11. BIRTHPLACE (State or foreign country): Addison Twp, Som Co, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Sterner,

14. MOTHER'S MAIDEN NAME: Ora Wills.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): 2nd W. War.

16. SOCIAL SECURITY NO.: 211-05-2999

17. INFORMANT: Jesse Sterner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Comminuted fracture maxilla & skull

910.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 174 (b) fracture left humerus

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY mine | (CITY OR TOWN) Mill Run (COUNTY) Garrett (STATE) Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY October 24 1949 3:30 p.m. | INJURY OCCURRED While at work ☑ Not while at work ☐ | HOW DID INJURY OCCUR? Fell of roof of coal mine

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. L. Baumgartner (Degree or title) M D | ADDRESS Oakland Md | DATE SIGNED October 24-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10-27-49 | NAME OF CEMETERY OR CREMATORY Addison Cemetery | LOCATION (City, town, or county) (State) Addison, Penna.

DATE REC'D BY LOCAL REG. Oct 26 1949 | REGISTRAR'S SIGNATURE Mrs. Kathryn Fike. | 24. FUNERAL DIRECTOR H. B. Kirkebarger | ADDRESS ADDISON. PA.

VS. A15A

RECEIVED
OCT 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09762

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton; LENGTH OF STAY (in this place) 69 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton; STREET ADDRESS (If rural, give location) -----

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) Susan (Last) Sweitzer

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/22/1879

9. AGE last birthday: 69 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Mosser

14. MOTHER'S MAIDEN NAME: Anna Barnhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -------

17. INFORMANT AND ADDRESS: Truman L. Sweitzer - Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Degeneration,	3mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Renal disease.,	2 years.
442 61	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetese Millitis.,	I2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1948, 19..., to Oct 6th 19 49, that I last saw the deceased alive on Oct 5th, 19 49 and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Wolverton Sr. Md. ADDRESS Piedmont W Va. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10/9/49 | NAME OF CEMETERY OR CREMATORY Mosser Home Cemetery | LOCATION (City, town, or county) Near Swanton, Md. (State)

DATE REC'D BY LOCAL REG. 10-9-49 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR Herbert C. Leighton | ADDRESS Oakland, Md.

RECEIVED
OCT 18 1949
BUREAU V. S.

Evidence for change in name shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09763

CERTIFICATE OF DEATH

Reg. Dist. No. 166

FILM No. G 122 OCT 21 1949

1. PLACE OF DEATH: COUNTY Garrett, MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md. LENGTH OF STAY (in this place) Life time. HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Eli ~~Olin~~ Roy (Last) Zimmerman

4. DATE OF DEATH: (Month) 10- (Day) 7- (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/9/1888

9. AGE last birthday: 60 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer,

11. BIRTHPLACE (State or foreign country): Garrett, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Elmer Zimmerman

14. MOTHER'S MAIDEN NAME: Emma Catherine Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. 213-22-3210

17. INFORMANT AND ADDRESS: Mrs. Elva Zimmerman, Mt. Lake Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: sudden

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — 1 year

940 (c) arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1947, to Oct. 7, 1949, that I last saw the deceased alive on 30 Sept, 1949, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE: C.E. Mance (Degree or title) M.D. ADDRESS: Oakland Md. DATE SIGNED: 8-Oct 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE: 10/10/1949. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery, LOCATION (City, town, or county) (State): Oakland, Maryland.

DATE REC'D BY LOCAL REG.: 10-10-49. REGISTRAR'S SIGNATURE: Helen C. Raven

24. FUNERAL DIRECTOR: Murray B. Bolden ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU F. S.